Reception and Intake Staff - Think Ebola on Arrival!

PROJECT FIRSTLINE

What is Ebola?

Ebola disease is caused by a virus that spreads through contact with blood or other body fluids and can lead to serious illness or death.

Arrival and triage are key moments when patients who might have Ebola need to be identified.

Identify

Ask each patient if they have traveled in the last 21 days to the **Democratic Republic of the Congo (DRC), Uganda, or South Sudan.** If they answer "Yes" then ask about current symptoms.

Symptoms* begin 2 to 21 days after exposure to the virus and can include:

- Fever
- Headache
- Muscle and joint pain
- Tiredness or weakness
- Sore throat
- Loss of appetite
- Diarrhea
- Vomiting
- Stomach pain
- Unexplained bleeding or bruising

***Initial symptoms of Ebola can appear similar to many other, more common infections, which is why recent travel history is important to consider.**

Taking Action: Isolate and Inform

- If you think a patient might have Ebola based on travel history AND current symptoms, **immediately** put them in a private room with its own toilet (if available).
- Inform your supervisor (and the infection control team if you have one) as soon as possible.
- To protect yourself and others, no one should enter the patient's room until healthcare staff arrive who are trained and prepared to provide care for a patient who might have Ebola.

Ambulatory Care Evaluation of Patients with Possible Ebola:
https://www.cdc.gov/ebola/hcp/communication-resources/ambulatory-care-evaluation.html

PROJECT FIRSTLINE

Maryland DEPARTMENT OF HEALTH

Ebola Micro-learn Discussion Guide:

Reception and Intake Staff - Think Ebola on Arrival!

PROJECT FIRSTLINE

Get the latest updates on the current Ebola outbreak:

https://www.cdc.gov/ebola/situation-summary/index.html

Overview

- Ebola disease is caused by a virus that spreads through contact with blood or other body fluids and can cause serious illness or death. Anyone who cares for a person with Ebola, including healthcare workers, is at risk of getting infected.
- As of right now, no Ebola cases have occurred in the United States during this current outbreak. The chance of Ebola spreading in the United States is considered **low**.
- Intake staff are often the first people to engage with patients when they enter the healthcare facility. Being able to rapidly identify Ebola and understanding how it spreads will help you take the right actions to protect yourself and others.
- Ebola virus spreads through contact with blood or other body fluids from a person who is infected or has died from Ebola:
  - Touch: If someone touches an infected person's body fluids or items with those fluids on them (such as towels or bedsheets), the virus can get into the other person's eyes, nose, mouth, or broken skin.
  - Splashes or sprays: If body fluids splash or spray directly onto another person, the virus can get into their eyes, nose, mouth, or broken skin.
  - Needlesticks: If someone is accidentally stuck with a used needle that has body fluids on it, the virus can get into their body.

Identifying Suspected Ebola Cases

When you first greet the patient:

- Ask if they have traveled in the last 21 days to a country where Ebola is spreading.
  - **Facilitator note:** *Refer to the situation summary linked at the top of this document for a current list of affected countries.*
- If they respond "yes," then ask whether they are having any symptoms that might be consistent with Ebola.

- Initial symptoms of Ebola are similar to many other, more common infections. Most patients with these symptoms will not have Ebola. These symptoms can include fever, aches, pains, and fatigue. People with these symptoms **might** be infectious to others.
- As the person becomes sicker, symptoms can include diarrhea, vomiting, or unexplained bruising or bleeding, like bleeding gums or blood-tinged urine. People with these symptoms are considered **very** infectious to others.
  - **Facilitator note:** *Discuss other infections (such as malaria, flu, travelers' diarrhea) that may have similar symptoms. Reiterate that most patients with symptoms will not have Ebola, but these steps are being taken out of an abundance of caution.*

- **Act fast -** If the patient has recently traveled to an area that's having an Ebola outbreak and says they have symptoms, you need to quickly take action.

Taking Action: Isolate and Inform

- **Immediately** direct the patient to a **private room** with its own toilet (if available) and inform your supervisor (and the infection control team if you have one).
  - **Facilitator note:** *Discuss which rooms in your facility should be used for a patient who might have Ebola and who you should call to further assess the patient.*
- To protect yourself and others, **no one** should enter the patient's room until the appropriate healthcare staff arrive. These staff are trained and prepared with the correct personal protective equipment to care for a patient who might have Ebola.
- Remember - most ill travelers will likely have a more common infection, so patient care should continue. Clinical staff should follow appropriate infection control measures to safely assess the patient and test or treat for other diseases while Ebola evaluation is ongoing.

Wrap Up and Reinforce

- Arrival and triage is a key moment to identify patients who might have Ebola.
- Be alert to patients who have traveled from countries where Ebola is spreading AND who have fever or other possible symptoms of Ebola, so you can isolate/separate them right away.
  - **Facilitator note:** *Connect content with facility-specific information relevant to your team, like infection control contacts and supervisory chains, and share follow-up opportunities.*

Ebola Disease Basics: https://www.cdc.gov/vhf/ebola/index.html
Ambulatory Care Evaluation of Patients with Possible Ebola: https://www.cdc.gov/ebola/hcp/communication-resources/ambulatory-care-evaluation.html

Infection Control Micro-Learns
User Guide

PROJECT FIRSTLINE

About the Micro-Learns

The Project Firstline Infection Control Micro-Learns are a series of guided infection control discussions that provide brief, on-the-job educational opportunities. Each micro-learn focuses on a single infection control topic and connects infection control concepts to immediate, practical value. Healthcare workers can easily apply the key points to their daily work and perform the recommended actions to keep germs from spreading.

Using the Micro-Learns

The micro-learns can be incorporated into existing opportunities where groups of healthcare workers gather, such as pre-shift "huddles" or team meetings. The sessions should be led or facilitated by an experienced team member with infection control expertise.

Notes for Facilitators

- Before presenting a micro-learn, check the policies and protocols at your facility and adapt the content accordingly.
- Build on your knowledge, experience, and awareness to connect the content to local context or relevant recent events so that your audience can apply the concepts confidently.
- The micro-learns reinforce infection control concepts when risks are observed in patients or in the patient environment, not necessarily in visitors or other staff members.

Each micro-learn package includes an adaptable discussion guide for the facilitator and one job aid, which facilitators are encouraged to review prior to presenting.

Discussion Guide. The discussion guide is not a script. Facilitators are encouraged to adapt the guide for their audience by incorporating relevant and practical questions and ideas. For instance, facilitators can connect the content to the audience's job duties, facility-specific cases or issues, resources and points of contact, or other information.

Job Aid. The one-page, visual job aid helps to reinforce the key messages of the micro-learn. Facilitators are encouraged to make the job aid available after the micro-learn session, such as in digital or hard copy form.

Use the QR code to provide feedback on this training